

Office Use \_\_\_\_\_  
Approved by \_\_\_\_\_

**Please mail Registration to:**  
**Secretary of State Jan Brewer / Trade Name Division**  
**1700 West Washington 7th Fl. Phoenix, Arizona 85007**

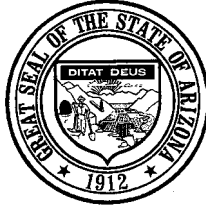
Walk-in service: 14 N. 18<sup>th</sup> Ave., Phoenix, Arizona

Tucson Office: 400 W. Congress, Ste. 252

(602) 542-6187

(800) 458-5842 (within Arizona)

Filing Fee: \$10.00



## APPLICATION FOR RENEWAL OF TRADE NAME

(A.R.S. Title 44, Chapter 10, Article 3.1)

**This renewal application only satisfies the continuation of your Trade Name. Any changes of ownership of the Trade Name must be submitted on a Trade Name Assignment Application. If you do not wish to renew your Trade Name or fail to file this application by the expiration date, please understand that the Trade Name will expire and become available for registration by another applicant.**

Trade Name: \_\_\_\_\_ Registration number: \_\_\_\_\_

Your certificate and future renewal notices are dependent on accurate address information including suite numbers. Please update your record if you relocate.

Applicant Name(s): \_\_\_\_\_  
(If more than 1 applicant, an "or" designation is assumed unless otherwise indicated)

Business Address \_\_\_\_\_  
Street or Box # City State Zip

Is this a new address? ☐ Yes ☐ No

Phone number (optional): \_\_\_\_\_

**Applicant must check one. Do not select "Corporation" or "LLC" if you are not currently incorporated, or your application will be returned to you.**

<input type="checkbox"/> Individual	<input type="checkbox"/> Foreign corporation licensed to do business in Arizona
<input type="checkbox"/> Partnership	<input type="checkbox"/> Association <input type="checkbox"/> Organization
<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC <input type="checkbox"/> Other _____

Original Date of Registration: \_\_\_\_\_

_____ Applicant's Printed Name/Title	_____ Applicant's Signature	_____ Date
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_____ Applicant's Printed Name/Title	_____ Applicant's Signature	_____ Date
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